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| 1. NUMBER: FD34-01-011 | 2. PCN: PB20327 | MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2) | | 3. DATE: 4/23/01 | 4. PAGE 1 of 1 |
| 5. TO: FD32/Barbara Cobb | | 6. THRU: | | 7. FROM: FD34/Lori Manis | |
| 8. TITLE OF CHANGE: Incorporate HRF changes from 5A.1 into Increment 3 | | | | | |
| 9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine | | | 10. NEED DATE: 5/1/01 | | |
| 11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS | | | 12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: | | |
| 13. RECOMMENDED EFFECTIVITY(IES): | | | 14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): | | |
| 15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: | | | 15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc. | | |
| 16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) This ECR covers changes needed from HRF OCRs submitted during the 5A.1 stage that affect future increments. This ECR covers the following 6 OCRs: hopsall00017, hopsall00018, hopsall00019, hopsall00021, hopsall00027, and hopsall00046. | | | | | |
| 17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify): | | | | | |
| 18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Increment 3 databases/products need to be updated to reflect these changes which came in on 5A.1. Increments 4 and beyond will get these changes thru their normal input processes. See attached OCRs. | | | | | |
| 19. MOD KIT INFORMATION: | | | | | |
| Yes No | | | | Enclosure | Paragraph |
| <input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain) | | | | | |
| Proofing Location: | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification) | | | | | |
| Vehicle/Site & CI Serial No. | Change Period | Mod Kit Delivery Date | Est. M/H for Mod Kit Instl. | Out-of-Service Time | |
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| 20. SIGNATURE OF ORIGINATOR: Lori Manis /s/ | | DATE: 2/26/01 | TELEPHONE NUMBER: 544-2942 | OFFICE SYMBOL: FD34 | |
| 21. CONCURRENCE | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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| 22. TECHNICAL APPROVAL | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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